



Republic of the Philippines  
Department of Education  
Region V (Bicol)  
**DIVISION OF CATANDUANES**  
Virac, Catanduanes



**RELEASED**

DepEd, Division Office of Catanduanes  
RECORDS SECTION  
JUL 09 2019  
2:40 PM  
Date: \_\_\_\_\_  
Initial/Signature: \_\_\_\_\_

MEMORANDUM:

TO: SDO Chief's (CID & SGOD)  
Public Schools District Supervisors  
Elementary and Secondary School Heads  
IHCP Coordinators

FROM: <sup>wp</sup> **SOCORRO V. DELA ROSA, CESO V** <sub>HW</sub>  
Schools Division Superintendent

SUBJECT: **NATIONAL SCHOOLS DEWORMING DAY (NSDD) SY: 2019-2020**

DATE: July 9, 2019

1. This is to inform that the schedule of the National Schools Deworming Day (NSDD) SY: 2019-2020 pursuant to DepEd Memorandum no. 28, s. 2007 will be on **July 22, 2019**
2. In this regard a coordination meeting with the **Elementary and Secondary IHCP School Coordinator** will be Held on **July 16, 2019 @ SDO, Hall A.**  
  

AM (8:00 AM - 12:00 Noon)	-	Zone 1 & Zone 4
PM (1:00 PM - 5:00 PM)	-	Zone 2 & Zone 3
3. The deadline of the submission of IHCP Forms in the SDO c/o Health & Nutrition Section is on or before **August 2, 2019**, strictly
4. Travel & other incidental expenses will be chargeable against school funds subject to the usual accounting and auditing rules & regulation.
5. Please prepare Notification Letter and Data Privacy Forms on time of the schedule deworming day. No forms, no deworming. Deworming Tablets will be also distributed per zone.
6. Attached is a copy of the Notification Letter.
7. For strict compliance & widest dissemination please.

## NOTIFICATION LETTER

SCHOOL: \_\_\_\_\_ Town: \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_  
STUDENT'S ADDRESS: \_\_\_\_\_  
NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
GRADE LEVEL and Section: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent/Guardian:

As part of DepEd's Health Programs, the school will conduct series of free school-based health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit (LGU). This is to acknowledge the receipt of the **Notification Letter** regarding its conduction.

Please read and understand the information below and mark your consent in concerning the intended health services to be given to your child.

- Yes, I will allow my child to be provided with the health services as per DOH recommendation.
- Yes, I will allow my child but only for these services \_\_\_\_\_
- No, I will not allow my child to receive the health service benefits because \_\_\_\_\_

\*Free school-based health services:

- Medical and Nursing Health Examination,
- Oral Health Examination and appropriate intervention
- Mass Drug Administration:
  - DeWorming (1<sup>st</sup> Round JULY; 2<sup>nd</sup> Round JANUARY)
  - Weekly Iron & Folic Acid (WIFA)
  - Immunization
    - Grade 1 (MCV, Td)
    - Grade 4 (HPV)
    - Grade 7 (Td, MR)

This notification is being issued to you as information of the activity that will be conducted in SY 2019-2020. Should you have further questions/classifications on this matter, please get in touch with the Principal/School Head. Thank You.

\_\_\_\_\_  
Parent/Guardian (Full Name with Signature)